

EPA Form 8700-12B (4-80)

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



#### State of New Jersey Department of Environmental Protection and Energy **Manifest Section** CN 421, 401 East State Street Trenton, New Jersey 08625-0421

### "Request to Deactivate EPA ID Number"

EPA ID No. <u>NJ D982534901</u>	
Company Name: Noff's Auto Eletric	
Site Address: 700 Grand QVP.  (street) 07840  (state) (zip code)	Hackettstown  (city/town)  102  (lot) (block)
Mailing Address: 700 Grand Qve. Hac (street/p.o. box)  (state)	(city/town) 07840 (zip code)
Company Contact: John Hoff or Linda Mooney	908-853-7272 (area code and phone number)
Reasons for deactivating EPA ID No. (Check all appropriate b	oxes.)
The EPA ID number was obtained for a one time cleanu	p which is completed.
The site has completed an ECRA cleanup (indicate ECR	A Case #).
X Other We were told we had to ge	tanumber,
and we don't need it.	
Is the site presently occupied? (circle yes or no)	
Sign and date the application below, and retain the last page (	pink copy) for your records.
John A. Hoff (printed name)	ignature
Owner (title)	(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section Yellow - USEPA Region II Pink - Applicant

Md, 3/10/95 2/R-218

# State of New Jersey Department of Environmental Protection and Energy Manifest Section CN 421, 401 East State Street Trenton, New Jersey 08625-0421

Decond : Request

## "Request to Deactivate EPA ID Number"

EPAIDNO. <u>NT D9825349DI</u> RPR	
Company Name: Hoffs Auto Eletric	
Site Address: 700 Grand Qve   Mackettston (eity/town)   OT   O7840   T   O1840   (lot) (b	lock)
Mailing Address: 700 Grand Ove. Hockettstown (etry/town)	
(state) (zip code)	
Company Contact: Tobo Hoff or Linda Mconey 908-853-75 (area code and phone numb	er)
Reasons for deactivating EPA ID No. (Check all appropriate boxes.)	
The EPA ID number was obtained for a one time cleanup which is completed	
The site has completed an ECRA cleanup (indicate ECRA Case #)	
X Other we were told us had to get a number	
Is the site presently occupied? (circle yes or no)	
Sign and date the application below, and retain the last page (pink copy) for your	records
Tobo A Hoff - Coffin (signature)	
CURP (date)	00.75

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White Manifest Section Yellow USEPA Region II Pink Applicant

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4. Unde	4. Underground Injection   D b. Other Marketer   MAR 22										, 10															
(ente	5. Market or Burn Hazardous Waste Fuel  (enter 'X' and mark appropriate boxes below)  a. Generator Marketing to Burner  7. Specification Used Oil Fuel Marketer (or On site Burner)																									
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/II. Wast	c. Burr		ina:	Type	of (	Con	hus	etion	De	vic	e (en	ter 'X	' in al	ll ann	ropri	ate bi	oxest	o ina	licate	type	of co	mbus	tion	devic	e(s) in	
vhich hazar	dous w	aste fu	el or o	ff-spe	ecifica	ation	used	d oil f	uel is	s bur	ned.	See i	nstru	ction	s for	defin	ition	s of c	omb	ustio	n dev	ices.)				
/III. Mod	A CONTRACTOR	ransp		-	-	nspo	orter	rs or						e ap	proj	oriat				uidi	ı urrik	uce				
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X. First o	or Sub	sequ	ent N	lotif	icati	ion																				7742,11
Mark 'X' in notification.	the app	propriat s not yo	e box our fir	to in st not	dicate ificat	e wh	enter	r this	is y	our i allati	nstal on's	EPA I	n's fir ID Nu	mbe	r in th	ation he sp	of ha	rovid	ed b	elow.	e acti	vity o	or a s	subse	quent	
N	. 81		П	D C	<b>.</b>		Nicele	inati-	n /	mel	ato it	am C				1		C. In	stalla	ation	's EP	A ID N	Vumb	er		
A. Firs	t Notific	ation		B. Su	bsequ	uent	ivotit	icatio	n (cc	mple	ee ne	em C)											1			3

			ID — For Official Use Only									
			CW		T/A C							
X. Description of Hazar	doue Wesths /con				1							
A. Hazardous Wastes from No from nonspecific sources you	onspecific Sources. E	nter the four-digit nur	nber from 40 CFR Part 261	.31 for each listed ha	azardous waste							
11	2	3	4	5	6							
FOORF	=004											
FOOD F												
	8	9	10		12							
B. Hazardous Wastes from Sp	pecific Sources. Enter	the four-digit number	from 40 <i>CFR</i> Part 261.32 f	or each listed hazard	dous waste from							
specific sources your instal	14 Use ad				and a second of							
13		15	16	17	18							
19	20	21	22	23	24							
25	26	27	28	29	30							
C. Commercial Chemical Proc your installation handles wh	duct Hazardous Waste nich may be a hazardou	es. Enter the four-digitus waste. Use addition	number from 40 CFR Part all sheets if necessary.	261.33 for each che	mical substance							
31	32	33	34	35	36							
37	38	39	40	41	42							
43	44	45	46	47	48							
D. Listed Infectious Wastes. E	nter the four-digit num	nber from 40 CFR Part	261.34 for each hazardous	s waste from hospita	Is, veterinary hos-							
pitals, or medical and resear				ssary.								
49	50	51	52	53	54							
E. Characteristics of Nonlisted your installation handles. (Se	i Hazardous Wastes. 1 ee 40 CFR Parts 261.2	Mark 'X' in the boxes of 1 — 261.24)	corresponding to the charac	teristics of nonlisted	l hazardous wastes							
1. Ignitable (D001)	<b>≥</b> 2.	Corrosive (D002)	3. Reactive (D003)		4. Toxic (D000)							
XI. Certification	The state of the s	ALL THE SALES	HANNEL CONTRACTOR	MALLEY AND A	Liebocy							
I certify under penalty this and all attached o obtaining the informat there are significant pe	locuments, and th ion, I believe that t	at based on my ir he submitted info	iquiry of those individer Ination is true, accura	uals immediately te, and complete	responsible for							
Signature 7	ten Hol	Name and Offic	ARTHUR d	Date 3	Signed /15 /88							
EPA Form 8700-12 (Rev. 11-	85) Reverse		THE THE		1							

PERMITS ADMINISTRATION

1988 NAR 28 PN 4: 22

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